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**FACSIMILE TRANSMISSION** 

June 25, 2009

TO:

**USPTO** 

ATTN:

FAX NO.:

1-571-273-8300

TELEPHONE

FROM:

Paul Bobowiec (202) 454-1572

RE:

Response to Office Action filed by certificate of facsimile transmission

YOUR REFERENCE: 10/519,923

Docket:1454.1588

## NO. OF PAGES (Including this Cover Sheet) 9

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## JUN 2 5 2009

\$&H Form: (09/07)

		Attorney	Docket No.	1454, 1588						
REPLY/AMENDMENT FEE TRANSMITTAL						10/519,923				
						<del></del>	January 3, 2005			
				First Named Inventor		Norbert KROTH et al.				
				2617						
AMOUNT ENCLOSED				Examiner Name		Sharad K. Rampuria				
FEE CALCULATION (fees effective 09/30/07)									-	
CLAIMS AS	Claims	Remaining						Γ		
AMENDED		nendment		sly Paid	Extra	R	Rate		Calculations	
TOTAL CLAIMS		13		20 =	0	X \$ 50		\$	0.00	
INDEPENDENT CLAIMS	2		- 3=		0	X \$ 210.00 =		0.00		
Since an Official Action set an <u>original</u> due date of June 25, 2009, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (* month (\$120)); (2 months (\$460)); (3 months (\$1,050)); (4 months (\$1,640)); (5 months (\$2 230):										
If Notice of Appeal is enclosed, add (\$510.00)									0.00	
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)									0.00	
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)										
Total of above Calculations =										
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)										
TOTAL FEES DUE =  (1) If entry (1) is less than entry (2), entry (3) is "t".								\$		
(2) If ontry (2) is less than 20, change entry (2) to "20".										
(4) If entry (4) is less than entry (5), entry (6) is "0".										
(5) If entry (5) Is less than 3, change entry (5) to "3".										
METHOD OF PAYMENT										
Check enclosed as payment.										
Charge "TOTAL FEES DUE" to the Deposit Account No. below.										
No payment is enclosed.										
GENERAL AUTHORIZATION										
If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:										
Deposit Account No. 19-3935										
Deposit Account Name STAAS & HALSEY LLP										
The Commissioner is also authorized to credit any overpayments or charge any additional fees required										
under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application,										
including any related application(s) claiming benefit hereof pursuant to 35 L SC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/d visionals/CPAs under 37 CFR										
1,53(d)) t	to maintai	n pendency h	ereof or of	any such	related application	on.	¢i3/ÇF		EI OI OFN	
SUBMITTED BY:	STAAS 8	HALSEY LL	)	<b>,</b>						
Typed Name	Typed Name Paul W. Bobowiec Reg No. 47							431		
Signature Paul W Bolowi				•		Date	Jen	- 25,	2009	

PAGE 2/9\* RCVD AT 6/25/2009 7:31:25 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/12\* DNIS:2738300 \* CSID: \* DURATION (mm-ss):01-40, \( \alpha \).